

REQUEST FOR CALIFORNIA EXPANDED AFP PROGRAM SUPPLIES FOR CLINICIANS ONLY

Clinician's license number	Last name	First name	
Organization/department	Telephone number ()	Fax number ()	
Address (number, street, suite number)	City	State	ZIP code
Attention			Date

- Please use **Blood Shipping Kits** for blood specimens sent via U.S. mail. *Order "tubes only" if using a courier service.*
- Please use **one** tray, **one** pouch, and **one** box to send **one** or **two** specimens if they are drawn the same day.

Item Description	Quantity Requested (Enough for 6-Month Supply)
AFP Forms (Expanded AFP Test Request Form)	
Blood Shipping Kit (Contains one serum separator tube, one tray, one pouch, and one box to mail the blood specimen.)	
Serum Separator Tubes <i>only</i> (Capacity 4 ml)	

Indicate below the number of booklets/pamphlets needed in each language:

Description of Booklet/Pamphlet	English	Spanish	Chinese	Vietnamese	Laotian	Cambodian	Korean
Basic booklet with consent form for women younger than age 35					N/A	N/A	
Choices booklet with consent form for women age 35 or older						N/A	
Easy-to-read pamphlet about Expanded AFP blood test							
Important Information for Parents About the Newborn Screening Test							
Expanded AFP Screening Program Provider Handbook (One per clinician)		N/A	N/A	N/A	N/A	N/A	N/A
Folate pamphlet ("Before and During Pregnancy, You Need Folate")			N/A	N/A	N/A	N/A	N/A
Prenatal Diagnosis of Birth Defects				N/A	N/A	N/A	N/A
"Un Regalo Para el Bebe" <i>Fotonovela</i> (photo story) about Expanded AFP Screening	N/A		N/A	N/A	N/A	N/A	N/A
Smith-Lemli-Opitz Syndrome insert					N/A	N/A	

Screen Positive Brochures (Distributed to XAFP screen positive women by Prenatal Diagnosis Centers):

Neural Tube Defects or Abdominal Wall Defects				Please note: 1. Expanded AFP Test request forms must be completed by prenatal provider. 2. You may photocopy this supply form for future requests. 3. Please allow two weeks for delivery.
Down Syndrome				
Trisomy 18				

Mailing address: New address!!
 Department of Health Services
 Expanded AFP Program Supplies
 850 Marina Bay Parkway, F175
 Richmond, CA 94804-6403

New phone numbers!
 Toll Free Number: (866) 718-7915
 Telephone: (510) 412-1441
 FAX: (510) 412-1553

All Expanded AFP supplies are the property of the State of California. Other use is strictly prohibited.

REQUEST FOR CALIFORNIA EXPANDED AFP PROGRAM SUPPLIES FOR LABORATORIES AND DRAW STATIONS ONLY

Name of laboratory/draw station			
Organization/department	Telephone number ()	Fax number ()	
Address (number, street, suite number)	City	State	ZIP code
Attention		Date	

- Please use **Blood Shipping Kits** for blood specimens sent via U.S. mail or other mail services. Please order *"tubes only"* if using a courier service.
- Please use **one** tray, **one** pouch, and **one** box to send **one** or **two** specimens if they are drawn the same day.

Item Description	Quantity Requested (Enough for 6-Month Supply)
Blood Shipping Kit (Contains one serum separator tube, one tray, one pouch, and one box to mail the blood specimen.)	
Serum Separator Tubes <i>only</i> (Capacity 4 ml)	

Please note:

1. Prenatal Care Providers will complete Part A of the Expanded AFP Test Request Form.
2. Phlebotomist at laboratory/draw station **must** complete Part B of the Expanded AFP Test Request Form.
3. Please photocopy this supply form for future requests.
4. Please allow two weeks for delivery.

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The California Expanded AFP Screening Program bills patients directly for the program fee, which is currently \$105. Laboratories may bill patients separately a **reasonable** fee for drawing and handling blood specimens, taking into account that the Expanded AFP Program provides tubes and mailing supplies free of charge to laboratories, draw stations, as well as clinicians.

Reminder: Use only B-D tubes that we supply. AFP results are based upon calibration for these tubes.

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